

**HEALTH AND WELLNESS CENTRE- SUB CENTRE**

Application for External Certification for Quality of Services

Letter No.

Date –

To

Joint Secretary (Policy)

Ministry of Health & Family Welfare

Government of India

Nirman Bhawan, Maulana Azad Road

New Delhi - 110011

**REQUEST FOR ASSESSMENT OF HEALTH FACILITY FOR QUALITY CERTIFICATION**

Dear Sir/Madam,

We are happy to inform that at (.....Name of the HWC-SC as per official records) health facility in the district..... State/UT of ..... has made substantial progress in the Quality Assurance Programme and the health facility has scored ----- (percentage of marks obtained in latest Assessment) against NQAS in the latest state level assessment -

Hence, we request you to issue instructions for assessment of the health facility for the MoHFW GOI Quality Assurance certification. Detailed information on the health facility is given in the attached appendix I.

Thanking you.

Yours sincerely

(-----)

Chairperson

SQAC

From:

State Quality Assurance Committee

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Hospital Data Sheet (to be enclosed with the application for External Quality Certification)

*Please fill the form in English only*

1. Name of HWC as per Official records.			
2. Complete Postal Address with PIN			
3. Contact Details -	Phone: Mobile: E mail -		
a) SQAU	i. Nodal Officer - ii. Email – iii. Tel – iv. Score of the facility on SQAU Assessment -		
b) DQAU	i. Nodal Officer - ii. Email – iii. Tel – iv. Score of the facility on DQAU Assessment -		
c) Facility	i. In-charge – ii. Email – iii. Tel – iv. Score of the facility on internal assessment		
4. Nearest Railway Station			
5. Nearest Airport			
6. Type of SC (HWC/Other as per state nomenclature)	Type A: Yes/No Type B: Yes/No (if type B) #		
7. Category of HWC	Conducting deliveries	Yes/ No	If Yes No. of deliveries conducted in last quarter: .....
8. Service availability	<ol style="list-style-type: none"> <li>1. Care in pregnancy and childbirth.</li> <li>2. Neonatal and infant health care services.</li> <li>3. Childhood and adolescent health care services.</li> <li>4. Family planning, Contraceptive services and other Reproductive Health</li> </ol>	Packages applied for NQAS certification	

	<p>Care services</p> <ol style="list-style-type: none"> <li>5. Management of Communicable diseases including National Health Programmes.</li> <li>6. Management of Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments</li> <li>7. Screening, Prevention, Control and Management of Non-Communicable diseases.</li> </ol>	
<p>9. Average attendance in a month</p>	<p><del>8. Care for Common</del>  i. OPD (New Cases)  ii. OPD (Follow up cases)</p>	
<p>10. Mera-Aspataal score, or PSS Patient Satisfaction Score calculate manually for preceding 3-months (on a Likert scale of 5)</p>	<ul style="list-style-type: none"> <li>• Month 1:</li> <li>• Month 2:</li> <li>• Month 3:</li> </ul>	